

Utah's Safe and Drug-Free Schools Incident & Offense Reporting Form

Incident Tracking # _____

Incident Info

Incident Date (M/D/Y): ____/____/____ Time: ____:____ ○ AM ○ PM

Was this incident gang-related? ○ Yes ○ No ○ Unknown

Was this incident related to bullying? ○ Yes ○ No ○ Unknown

Incident Location: _____ Name of Adult Witness: _____

Describe Incident: _____

Offender / Victim Info

This report is for: ○ Victim ○ Offender (If for OFFENDER, also complete *Details of Offense and Action(s) Taken*)

Status: ○ Student At This School ○ Student in District ○ School Employee ○ Other ○ Unknown Student No.: _____

Name: _____ Gender: ○ Male ○ Female

Date of Birth: ____/____/____ Grade: _____ LEA: _____ School: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Relationship to Offender: _____ Phone: _____

Race/Ethnicity: ○ White ○ American Indian or Alaska Native ○ Black or African American
 (Select one) ○ Asian ○ Native Hawaiian or Other Pacific Islander ○ Hispanic or Latino

Service Status: How is this student currently being served? ○ Regular Ed. ○ Regular Ed. with 504 Accommodations ○ Special Ed.**If Special Ed.:** Placement: ○ Resource ○ Self-Contained Disability: _____**Other Student Services:** ☐ English Language Learner ☐ Youth in Custody**Gang Program:** At the time of the incident, was this individual being served in a gang program? ○ Yes ○ No ○ Unknown

Details of Offense

Assault: ☐ Aggravated Assault* ☐ Simple Assault / Battery* ☐ Rape*
☐ Aggravated Sexual Assault* ☐ Forcible Sexual Abuse* ☐ Aggravated Sexual Abuse of a Child*

Alcohol/Drug: Violation Type: ☐ Distribution ☐ Possession / Use ☐ Resorting

☐ Alcohol ☐ Controlled Substance ☐ Uncontrolled Substance
☐ Tobacco ☐ Drug Paraphernalia ☐ Unknown
☐ Marijuana ☐ Other: _____

Other: ☐ Arson ☐ Threat / Intimidation ☐ Criminal Homicide* ☐ Criminal Trespass
☐ Burglary ☐ Disorderly Conduct ☐ Kidnapping ☐ Criminal Mischief
☐ Theft ☐ Dangerous Material ☐ Terroristic Threat ☐ Truancy
☐ Actual/Attempted Robbery* ☐ Sexual Offenses, Non-forcible ☐ Bullying as per LEA Policy
☐ Other: _____

Weapons Violation:	Handgun*	Rifle/Shotgun*	BB/Pellet Gun	Knife/Sharpened Edge	Other Weapon, Firearm or Explosive Device
Real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look Alike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatened Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other Weapon, Firearm or Explosive Device, Describe: _____

Is this a Gun-Free Schools Act Weapon Violation? ○ Yes ○ No

History: ○ First Offense ○ Second Offense ○ Third or More Offense

Action(s) Taken

- Immediate Actions**
- ☐ Parent Notified: ☐ In Person Date (M/D/Y): ____/____/____ ☐ By Phone (M/D/Y): ____/____/____ ☐ In Writing (M/D/Y): ____/____/____
☐ Parent Conference (M/D/Y): ____/____/____
☐ Notified Director of Student Services (M/D/Y): ____/____/____
☐ Suspended Pending Investigation/Hearing (M/D/Y): ____/____/____ No. of School Days: ____
 ○ In School ○ Out of School with Services ○ Out of School without Services
☐ Referred to Law Enforcement (M/D/Y): ____/____/____
 Dept: _____ Officer: _____ Case: _____ Charges: _____
☐ Other: _____ (M/D/Y): ____/____/____ No. of School Days: ____ (if applicable)
- Long-term Actions**
- ☐ Suspension (M/D/Y): ____/____/____ No. of (Additional) School Days: ____
 ○ In School ○ Out of School with Services ○ Out of School without Services
☐ Expelled* (M/D/Y): ____/____/____ No. of School Days: ____
☐ Referred to Program: _____ (M/D/Y): ____/____/____
☐ Alternative Placement: _____ (M/D/Y): ____/____/____ No. of School Days: ____
☐ Hearing Officer Removal (M/D/Y): ____/____/____ No. of School Days: ____
☐ Other: _____ (M/D/Y): ____/____/____ No. of School Days: ____ (if applicable)

Signature of person completing form: _____ Title: _____ Date (M/D/Y): ____/____/____